

STANDARD CERTIFICATE OF DEATH

State File No. 34171

NOV 6 1952

BIRTH NO. _____		REG. DIST. NO. 17		PRIMARY REG. DIST. NO. 3005		Registrar's No. 100	
1. PLACE OF DEATH a. COUNTY Bates				2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission) a. STATE Mo. b. COUNTY Jackson			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Butler				c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City			
c. LENGTH OF STAY (In this place) 8 days				d. STREET ADDRESS (If rural, give location) 115 W 39th St.			
d. FULL NAME OF HOSPITAL OR INSTITUTION Butler Memorial Hospital							
3. NAME OF DECEASED (Type or Print)		a. (First) Flo		b. (Middle) E.		c. (Last) Lyons	
4. DATE OF DEATH		(Month) Oct		(Day) 26		(Year) 1952	
5. SEX Female		6. COLOR OR RACE White		7. Married SINGLE DIVORCED (Specify)		8. DATE OF BIRTH July 27, 1903	
9. AGE (In years last birthday) 49		10. UNDER 1 YEAR 2		11. UNDER 1 MONTH 29		12. UNDER 1 HRS. 115	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) BOOK KEEPER				10b. KIND OF BUSINESS OR INDUSTRY FURNITURE			
11. BIRTHPLACE (City and State or Foreign Country) Vernon Co., Mo.				12. CITIZEN OF WHAT COUNTRY? USA			
13a. FATHER'S NAME Luther E. Lyons		13b. MOTHER'S MAIDEN NAME Bertha Frakes		14. NAME OF HUSBAND OR WIFE None			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY NO. ?		17. INFORMANT'S SIGNATURE OR NAME Mrs. D.O. Bradley Butler			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		19. MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pancreatic Cancer ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 157X				INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION Oct 6 - 52		19b. MAJOR FINDINGS OF OPERATION Pancreatic Cancer with extensive metastases				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) Butler		(COUNTY) Bates (STATE) Mo.	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? _____			
22. I hereby certify that I attended the deceased from Oct 18, 1952 , to Oct 26, 1952 , that I last saw the deceased alive on Oct 25, 1952 , and that death occurred at 7:30 PM , from the causes and on the date stated above.							
23a. SIGNATURE Chas. A. Lusk Jr. M.D.				23b. ADDRESS Butler Mo.		23c. DATE SIGNED Oct 28 - 52	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Oct 28		24c. NAME OF CEMETERY OR CREMATORY Oak Hill Cemetery		24d. LOCATION (City, town, or county) Butler Mo.	
DATE REC'D BY LOCAL REG. Oct 27 - 52		REGISTRAR'S SIGNATURE Kendall Kersy		25. FUNERAL DIRECTOR'S SIGNATURE Culver Underwood		ADDRESS Butler Mo.	

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

NOV 13 1957

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

Student Embalmer No. _____

working under my personal supervision.

Student

Student Embalmer

Signed

John H. Underwood
Licensed Embalmer No. 3585
P. O. Address Butler Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.